

## Cómo presentar una petición para la reconsideración de un caso

Presente una petición para la reconsideración de un caso para apelar un fallo de parte de un(a) juez de compensación para trabajadores.

La oficina local de la Junta de Apelaciones de Compensación para Trabajadores (*Workers' Compensation Appeals Board - WCAB*) que emitió el fallo tiene que recibir su petición en un plazo de 20 días a partir de la fecha en que el fallo se emitió. Si el fallo del/de la juez se **envió por correo** a su residencia en California, la oficina local de la *WCAB* tiene que recibir su petición en un plazo de 25 días.

Usted encontrará la fecha en que se emitió el fallo cerca de la firma del/de la juez.

La petición adjunta enumera las cinco razones para apelar el fallo de un(a) juez. Tache los artículos que no aplican a su caso. Asegúrese de cubrir cada artículo en el fallo con el que usted no esté de acuerdo e incluya una explicación completa. Usted puede adjuntar más hojas de papel, si las necesita.

Complete ambas páginas de la petición. Siga el ejemplo adjunto. Asegúrese de firmar y fechar el formulario. Por favor, tenga en cuenta que hay tres líneas para firmas.

Envíe la petición original a la oficina local de la *WCAB* que emitió el fallo y copias a todas las partes. Guarde una copia para sus archivos.

Si usted necesita ayuda, llame a una oficina de Información y Asistencia (*I&A*) o asista a un taller para trabajadores lesionados. Los números telefónicos de las oficinas locales de *I&A* se enumeran en el reverso de esta guía. Usted puede obtener información sobre un taller local de la oficina de *I&A* o en la Internet en [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

La información contenida en esta guía es de índole general y no pretende substituir asesoramiento legal. Los cambios en la ley o los datos específicos de su caso podrían resultar en interpretaciones legales distintas de las que aquí se presentan.

## WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

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**ANAHEIM, 92801-1162**

1661 N. Raymond Ave., Suite 202  
Information & Assistance Unit **(714) 738-4038**

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit **(707) 441-5723**

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit **(559) 445-5355**

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit **(805) 968-4158**

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit **(805) 481-3380**

**LONG BEACH, 90802-4339**

300 Oceangate Street, Suite 200  
Information & Assistance Unit **(562) 590-5240**

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit **(213) 576-7389**

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit **(510) 622-2861**

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit **(805) 485-3528**

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit **(530) 225-2047**

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit **(916) 263-2741**

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance **(831) 443-3058**

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2170**

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit **(415) 703-5020**

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit **(408) 277-1292**

**SANTA ANA, 92701-4070**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit **(714) 558-4597**

**SANTA MONICA, 90405-5219**

2701 Ocean Park Blvd., Suite 220  
Information & Assistance Unit **(310) 452-1188**

**SANTA ROSA, 95404-4760**

50 "D" Street, Suite 420  
Information & Assistance Unit **(707) 576-2452**

**STOCKTON, 94202**

31 East Channel Street, Suite 344  
Information & Assistance Unit **(209) 948-7980**

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit **(818) 901-5374**

# EJEMPLO

**STATE OF CALIFORNIA  
Department of Industrial Relations  
Division of Workers' Compensation  
WORKERS' COMPENSATION APPEALS BOARD**

Su nombre )  
                    )     **Case No.** Número de caso  
                    )  
                    )  
                    *Applicant,*)  
vs.                )  
                    )  
Nombre del empleador y           )  
Nombre de la compañía de seguros   )  
                    )  
                    *Defendants*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Petition for  
Reconsideration**

A decision was filed in the above-entitled case on \_\_\_\_\_ Fecha en que el juez dió la decisión \_\_\_\_\_.

The Escriba su nombre y la palabra (Applicant) is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable) Tache las razones que no son aplicables

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

Declare con detalle la evidencia que tiene para respaldar su argumento de que la decisión tomada por el juez debe de ser reconsiderada.

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

Su firma

-----  
Attorney for Petitioner

-----  
Petitioner

STATE OF CALIFORNIA )  
                            )  
                            vs.  
County of Su condado -----)

I, the undersigned, say that I am Escriba su nombre y la palabra (Applicant) -----

-----  
in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Fecha -----, 20    at Ciudad ----- California.  
-----  
Su firma  
-----  
Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to: Nombres y direcciones de los partidos involucrados en su caso  
Date of Mailing: Fecha de hoy

By: Su firma -----  
(Signature)

**STATE OF CALIFORNIA**  
**Department of Industrial Relations**  
**Division of Workers' Compensation**  
**WORKERS' COMPENSATION APPEALS BOARD**

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Attorney for Petitioner

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Petitioner

STATE OF CALIFORNIA                         )  
                                                        )  
County of \_\_\_\_\_                                 )  
                                                        vs.

I, the undersigned, say that I am \_\_\_\_\_

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Executed on \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_ California.

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Petitioner

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Code of Civil Procedure.)

Copy mailed to:

Date of Mailing:

By: \_\_\_\_\_  
(Signature)